

PTO/SB/01 (04-03)
Approved for use through 07/31/2008. OMB 0481-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Locket Number	6251.150
	First Named Inventor	MCNEILL
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (c)) required)
Examiner Name		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIRECTIONAL WASTEWATER AERATOR AND METHOD

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		Yes	No
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEEB OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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PTO/SB01 (04-03)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: _____		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Joseph W. Berensio, III			
Address Linkak, Berensio & White, LLC 8500 Rock Spring Drive, Suite 740			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unnamed inventor	
Given Name (first and middle (if any)) Willie B. Jr.		Family Name or Surname McNeill	
Inventor's Signature <i>Willie B. McNeill Jr.</i>		Date <i>9-10-03</i>	
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unnamed inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ (supplemental sheet(s)) PTO/SB/02A or OLR attached hereto.			

Please type a plus sign (+) inside this box →



PTO/SB/01 (02/01)

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POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	MCNEILL
Title	DIRECTIONAL WASTEWATER...
Group or Unit	
Examiner Name	
Attorney Checklist Number	6251150

I hereby appoint

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Thomas P. Liniak	33,413	Jeffrey I. Auerbach	32,680
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John M. White	32,634	William C. Schrot	48,447
Matthew W. Slavish	36,286	J. Andrew McKinney	34,672
Matthew F. Johnston	41,096	Robert D. Jones	33,841
George Ayvazov	37,483	David S. Taylor	39,045

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 1.71.

Statement under 37 CFR 1.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Name

Willie B. McNeill, Jr.

Signature

Date

Sept. 10, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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